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ABSTRACT

This study focused on how school-age children develop and refine their strategies for dealing with aversive emotions, defined as fear, shame, anger, sadness, and hurt feelings. Two groups of children were used, one from a public school, serving a working class neighborhood, and the other from a sexual abuse treatment agency. The aversive emotions were presented to the children in the form of hypothetical vignettes, involving two same-sexed friends who either got into a conflict with one another or had some event befall them that elicited a negative feeling. The results suggested that by the early elementary school grades, many children appear to have acquired a cultural script for how to deal adaptively with aversive feelings in social contexts. Beneficial coping strategies such as problem-solving and support-seeking were most often cited as the best coping strategies, and aggressive, externalizing strategies as the worst. In general, the children were able to anchor these coping choices in appropriate contexts in which gains were cited as rationales for their choice of the best coping options, and negative social or non-social consequences were cited for worst coping choices. (Contains 21 references.) (AA)

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COPING WITH AVERSIVE FEELINGS

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COPING WITH AVERSIVE FEELINGS

Carolyn Saarni

Sonoma State University, California

Two broad theoretical assumptions underlie the research described in this paper: First, coping is inseparable from emotion, from adaptation to contextual demands, and from self-regulation. If one takes a functional view toward emotion, i.e., what gets accomplished by the fact that we have feelings about ourselves, others, and events in our lives, then coping is that "product" of emotional experience that emerges when we strive to manage a situation and ourselves in it when we have negative feelings. Adaptation to contextual demands is the larger construct that encompasses effective coping, which in turn also assumes adequate self-regulation. The second assumption is that we live in contexts which we anticipate, give meaning to, and seek to manage to our benefit and to facilitate our sense of well-being. Coping is a process we engage in when our immediate context proves challenging, and our emotions cue us that all is not smooth sailing right now. As a consequence, we start to deal with the multiple facets of that challenging situation in what we believe will yield an outcome beneficial to ourselves.

A considerable literature has emerged on coping, and the development of coping strategies has received extensive attention as well. Interestingly, the most reliable finding on what changes about western children's coping as they mature is that their repertoire of coping strategies expands. Thus, with maturity comes cognitive complexity, and older children can generate more options about how to deal both with a miserable situation and with feeling miserable. For example, they can (a) more accurately appraise the degree of controllability one has over a situation; (b) shift intentionally their thoughts to something less aversive if control is non-existent or minimal; (c) use symbolic thought in ways that transforms the meaningfulness of a stressful encounter or situation, and (d), very importantly, they are more able to consider a stressful situation from a number of different angles and thus consider different problem solutions relative to these different perspectives. Within a given age group, individual differences in coping adequacy appear to be more related to children's temperament (e.g., Eisenberg, Fabes, Bernzweig, Karbon, Poulin, & Hanish 1993), sex-role socialization (e.g., Golombok & Fivush, 1994; Eisenberg, Fabes, Nyman, Bernzweig, & Pinuelas, 1994), and particularly to history of distress and trauma (e.g., Adams-Tucker, 1985; Asarnow, Carlson, & Guthrie, 1987; Cummings & Davies, 1994; Emery, 1988; Goodman, Brogan, Lynch, & Fielding, 1993).

Researchers and clinicians have described a variety of coping strategies (e.g., see Aldwin, 1994, and Lazarus, 1991, for reviews). What follows are several illustrations of children's coping efforts. They will also provide us with descriptions of the usual coping strategies used in North American culture and perhaps western culture more generally. They are also the stories presented to the children in the research to be described later, but no outcomes were provided to the children (i.e., the stories ended with the sentence in which the protagonist's emotional response is labeled). I will present them in the order of my evaluation of what will tend to be the more adaptive coping strategies, which will be discussed further.

1. Problem solving strategy:

One day Maria and Sandy were walking home from school. Because they were late, Maria wanted to take a short cut home, even though she knew there was this really horrible dog, a scary

Doberman pinscher, that lived along that short-cut. They decided to take the short-cut anyway. As they walked along, they heard the dog barking. Maria was afraid.
Maria said that she thought they had better turn back and go the other way; it would be better to be late than risk being bitten.

2. Support-seeking strategies:

Luis was playing basketball during recess at school with his friends. When he bent over to pick up the ball, his pants ripped open. His friend Mario started to laugh, and then all the other kids did too, because his underwear was showing. Luis' face turned red, and he felt ashamed. He pulled his sweatshirt down as low as possible and went to the school office where he phoned his Grandma to see if she could bring him some other pants to wear.

3. Distancing or avoidance strategy:

Jenny bought a special jacket that she had saved all her money for. She was pretty excited about finally being able to wear it to school, and she told her friend Alice about it over the telephone. When she got to school the next day wearing her new jacket, Alice started to make fun of the jacket, and all the other kids joined in. Stunned, Jenny felt incredibly hurt. Jenny turned her back on the kids, and as soon as she was out of sight of the others, she tossed the jacket into the custodian's trash bin and walked away.

4. Internalizing strategy:

Mark got up a bit late and had to hurry to get to school. One of his jobs in the morning was to feed his pet parakeet, Tweetie, before he left for school. Since he was in a hurry, he accidentally left the door to Tweetie's cage open. After school he invited his friend Bob to come over to his house and play. When they got to his house, he went over to Tweetie's cage to show him to Bob. Mark saw that Tweetie was gone, and Bob said, "Hey, where is your bird?" Mark remembered that he had been in a big rush that morning and might not have closed the cage door. He felt sad that Tweetie might be gone for good. He felt so awful that he went to his room and shut the door.

5. Externalizing strategy:

Debbie and Allison were friends and were playing with Debbie's new ball. Allison really liked the ball and wanted to take it home overnight and bring it back tomorrow. But the next day Allison showed up empty-handed and told Debbie that her dog had chewed the ball up. Debbie looked worried and said, "I hope you'll get me another one," but Allison replied, "Hey, it wasn't my fault! And my dog doesn't have a bank account to go buy you another one!" Debbie then felt angry at Allison, and as she ran toward the house, she shouted at Allison, "Just you wait! I've got your Genesis game inside, and you'd better not think it's coming back to you in one piece!"

There are additional coping strategies that are often referred to as emotion-focused strategies, which may be variants of distancing or internalizing responses, or they may also be considered to be

defense mechanisms (see Murphy, 1970; Schibuk, Bond, & Bouffard, 1989). They include: (a) substitution or distraction from context or feeling, (b) re-framing or redefining the negative context or negative feeling (projection would also be included here), (c) cognitive "blunting" or information-seeking strategies (similar to repression and sensitization), (d) avoidance of negative context or of negative feeling, (e) denial of negative context or feeling, and (f) dissociation of self from situation. These emotion-focused strategies may be more often used in situations where we believe ourselves to have little control over the external circumstances (a good example that we have all experienced is having to undergo some aversive medical or dental procedure); all we can control is how we view the situation or whether we can distract ourselves from it. (See Lazarus & Folkman, 1984, for an adult-based model of how stress, appraisal of control, and coping are potentially integrated.) The first three mentioned strategies (a, b, and d) may be more adaptive than the last three listed. A rather large literature has developed examining these different strategies, and for further elaboration, the reader is referred to Compas, Phares, and Ledoux' review of coping interventions for children and adolescents (1989), Cramer's volume on defense processes (1991), Miller and Green's chapter on coping with stress and frustration (1985), and Sorensen's text on children's stress and coping using their diaries and artwork (1993).

What has been infrequently looked at is how the nature of the felt emotion affects what sorts of coping strategies might be more likely used. For example, if one feels shame, is one more likely to use internalizing or externalizing coping strategies? If one's feelings have been hurt by another (a blend of sadness and anger), is one more likely to respond with an avoidant distancing coping strategy or with a problem solving approach toward the relationship? If some emotions do "pull" for certain kinds of coping strategies more often than others, are there accompanying contextual features that contribute to that likelihood, or is the emotion itself the pivotal raison d'etre of the coping strategy? Additionally, the issue of controllability of both situation and emotional experience is relevant to what sort of coping strategy is likely to be used, but the relations among degree of controllability, felt emotion, and coping strategy have not been systematically explored in children.

My approach to what these relations might be has been to consider them from a cultural script standpoint. Scripts provide us with guidelines about emotional scenarios, that is, we acquire expectancies about what are likely sequences of emotion-provoking events, subsequent emotional experience, and the social context in which these events and emotions unfold. Coping (i.e., what does one do next in a specific social and physical context while taking into account one's feelings and the perceived degree of maneuverability in the situation) is also part of the emotional scenario. Embedded in emotion scenarios are also tacit beliefs about what is "good," appropriate, justifiable, or adaptive about the outcome of the emotionally challenging situation. I think that the goal-directed or motivational aspects of emotional experience may well express themselves most clearly in the sorts of coping strategies we use for functionally dealing with challenging situations and for dealing with our emotions if they unfold as aversive to the self. This is not to say that negative feelings are not adaptive, rather the subjective experience of them is aversive. For the most part, people would rather not have the circumstances occur that elicit such feelings, and if the circumstances must occur (e.g., death and loss, scary medical procedures), we would rather ameliorate the aversiveness of our feelings by having social support, ritual, distraction or reframing, or problem-solving skills available to us to deal with our emotions and the situation.

Theoretically, this raises very interesting questions as to how coping and self-regulation are connected, and I would argue that both objective self (e.g., self-image) and subjective self (e.g., the reflecting, processing self) are intimately involved in an individual's preferred patterns of coping strategies. (However, that is another paper...) For our present purposes, I will assume that how one gets to this desirable outcome is dependent on one's coping strategy. I also contend that these tacit beliefs about desirable "outcome-coping linkages" are cultural in origin, and are related to what Lutz (1985) has described as ethnotheories of emotion or what I refer to as naive or folk theories of emotion (e.g., Saarni, 1990).

Current research. The present study focused on how school-age children develop and refine their strategies for dealing with aversive emotions, specifically fear, shame, anger, sadness, and hurt feelings. These aversive emotions were presented to the children in the hypothetical vignettes presented above, and it should be noted that the stories always involved two same-sexed friends, who either got into a conflict with one another or had some event befall them that elicited a negative feeling. Coping strategies were also presented to the children, and the variables of interest were (a) which ones would be selected by the children as "the best" and "the worst," (b) their justifications for their choices, i.e., the tacit beliefs about desirable outcomes and how to achieve them via which coping strategy, and (c) how the story protagonist would feel after coping in either this "best" or "worst" fashion.

Method

Stimulus materials. An initial pool of 10 vignettes (2 for each emotion) were carefully constructed thematically so as to be gender neutral and were rated by 18 graduate student judges as to the likelihood of the emotion being elicited in the situation featured in the story (84-100% agreement), degree of intensity of elicited emotion (moderately high, $X=4.25$; s.d. = .70 on a 1-5 scale), degree of affiliation between the protagonists (moderately close, $X=3.45$; s.d. = .81, 1-5 scale), and the degree of control over the story outcome that the primary protagonist had (moderate, $X=3.02$; s.d. = .87, 1-5 scale). Each of these contextual features may influence one's appraisal for how one would cope in the situation, and thus it was important to ascertain at the very least how informed judges would rate these features, attempting to take a child's perspective as they made their ratings. For example, degree of emotional intensity is viewed by children as related to controllability of emotional expression (Saarni, 1991): The more intense, the less controllable. Closeness of relationship is also related to whether one dissembles or expresses genuinely how one feels (closer relationships tend to have more genuine displays of vulnerable emotions). Thus, emotion expression management can be recruited in the service of coping strategies; e.g., genuine expression of vulnerable feelings might be the way to seek social support from one's friends and family, whereas dissembled expression may accompany distancing strategies. The story that yielded the greater consensus for each of the 5 emotions was selected for final inclusion in the stimulus materials to be used with the children. Schematic sketches were also made to go with the stories so as to provide visual interest and redundant cues.

Each vignette ended with the aversive emotion being clearly labeled in the story but no outcome provided; five coping solutions were developed for each story, which were derived from the coping research literature. The categories of coping responses included those illustrated above: problem-solving, support-seeking, distancing/withdrawal, internalizing, and externalizing strategies. These were

printed on separate cards with relevant contextual detail for each story and were subsequently presented to the children.

Sample. Two samples of children were evaluated: One from a public school (N-39), serving a working class neighborhood of Caucasian and Hispanic families (18% of the sample), and the other from a sexual abuse treatment agency with the acronym of CARE (N=16). The latter had been in treatment for an average of 8 months. Mean Peabody Picture Vocabulary scores were 99 for the public school children and 93 for the CARE children. Deletion of the Peabody scores for the non-native speakers of English increased the mean score for the public school sample only to 102 and for the CARE sample to 95. Both samples consisted of two age groups: the younger group was 6-8 years and the older was 10-12 years-old. Gender distribution was predominantly female: 62% of the public school sample and 69% of the sexually abused group were girls.

Procedure. In addition to taking the Peabody Picture Vocabulary Test, the children were individually interviewed at their school or at the agency. All children had sufficient command of English to undertake the interview according to teacher report. Three women were the interviewers, and consistency of research assistant with a given child was maintained across testing and interviewing in order to facilitate the children's comfort with the process, which was thought particularly important for the sexually abused children at CARE.

They were videotaped through-out the interview with the examiner's facial reflection caught in a mirror placed off-center behind the child. The interview was standardized but allowed for probes if a child were unclear. A comprehension check was included at the beginning of each story interview to ascertain whether the children understood the protagonist's emotional response, and when ambiguities occurred, the story was re-read and the child was questioned again. Only one child required more than a second reading before being able to answer accurately how the protagonist felt in the story. The 5 stories were presented in random order to the children.

Results and Discussion

Coding. After choosing what they thought to be the "best" coping strategy, children were asked why they thought that strategy would be the best one. Their responses to the justification question were assigned to one of 5 categories, ranging from 1 = "don't know" to 5 = an elaborated outcome that specifically cited the protagonist as benefitting from the coping response in a social or interpersonal fashion, e.g., "her friend will help and they'll find the bird." Then they were asked how the protagonist would feel; their responses to this question were assigned to one of 3 categories, ranging from 1 = "don't know" to 3 = a specific feeling was mentioned, e.g., "she'll be glad to get her ball back."

Then the children were asked to select the "worst" thing the protagonist could do from the among the 5 coping strategies presented. After their choice, they were again asked why that would be the worst option, and their justifications were assigned to 5 categories with 1 = "don't know," 4 = a simple, non-social negative consequence, e.g., "if he throws his jacket in the dumpster, then he doesn't have any jacket," and 5 = a more elaborated outcome that specified how the protagonist would lose in some interpersonal fashion as well, e.g., "if she throws the bird's food dish, it'll be more like a

tantrum, and her friend might not like her so much anymore." In short, the justification coding represented ranks of increasing complexity of thought. The children were again asked how the protagonist would feel after acting in this "worst" choice fashion, and the same 1 to 3 ranking was applied to their responses.

Reliability. 12 protocols were randomly selected across age group and gender; they were independently coded, and the percentage of agreement within one point on the ordinally ranked justification and feeling questions was calculated. The average percentage of agreement within one point was 86%. Differences were resolved by discussion, and coding categories for the feeling variable were simplified to improve agreement.

Analyses. Because each story was concerned with a different emotional context, they were analyzed separately. For each emotion story's evaluation, the following questions were examined: (a) Were there any discernible patterns related to age group, gender, or sample group (CARE versus non-clinic referred public school children)? (b) Were there any discernible patterns between which coping strategy was chosen as the "best" and how it was subsequently justified and how it was thought to contribute to subsequent feelings? (c) Were there any discernible patterns between which coping strategy was chosen as the "worst" strategy and why it was viewed as the worst and how it was thought to contribute to subsequent feelings?

Due to a very high frequency of "empty cells," log linear analyses were not used for describing the data. Chi-square and analysis of variance were used to examine patterns. Only a summary of the complex analyses will be presented here, and I will group them by the emotion addressed in the stories.

Shame. The majority of children, across sample source, age group, and gender, preferred the problem-solving coping strategy as "the best" way to deal with the aversive feeling of shame provoked in the "Ripped Pants" story. A large majority justified their choice (whether problem-solving, support-seeking, etc.) based on the social gain involved, e.g., "then the kids wouldn't tease him anymore about his underwear showing [if he pulled his shirt down over his pants].

Insert Figures 1 and 2 here

The reader should note in Fig. 2 that the justification category for "avoidance of negative consequences" refers to those negative consequences associated with one of the other coping choices, which as a result was not selected. The externalizing, aggressive coping response was by far viewed as the worst coping strategy, with 76% justifying it as the worst due to the negative social consequences it would bring to the protagonist.

Sadness. The majority of children preferred the support-seeking strategy in the "Lost Bird" story, followed by the problem-solving strategy. Many children simply re-stated their coping choice as the justification (38%), and a similar proportion invoked social gains (36%). The externalizing choice was again overwhelmingly selected as the worst strategy, with a combined 87% giving social or non-social reasons for why it was the worst option.

Insert Figures 3 and 4 here

Anger. Again the problem-solving strategy was perceived as the best choice in the "Destroyed Ball" story; the largest proportion of justifications for best coping strategies was social gains, followed by similar proportions of repeating their coping choice or for avoiding the negative consequences associated with other coping options. Externalizing was again the most frequently selected worst coping choice; negative social consequences were most often cited as why the worst strategy was viewed as such.

Insert Figures 5 and 6 here

Fear. Approximately equal proportions of children endorsed either support-seeking or problem-solving as the best coping strategies for the "Fierce Dog" story. Similar proportions of justifications were given for why their best choice was selected. Externalizing was viewed as the worst, and 58% give negative social consequences as for why it was a bad choice. The 24% who gave non-social negative effects for their worst choice typically cited the possible negative outcome with the fierce dog.

Insert Figures 7 and 8 here

Hurt feelings. This scenario was the only one in which the best coping strategy selected was the distancing option. The children had been given two coping options under this category, one being the option shown in the earlier transparency of Jenny throwing her jacket in the dumpster, and the other being "Jenny could ignore the kids and just walk away." It was this last option that was selected by the majority of the children. The majority of the justifications offered were also about social gains, such as "he's proud of his jacket and isn't going to let their teasing get him down." This story may also be one in which we over-estimated controllability of outcome from a child's perspective; Compas, et al, (1988) reported that children view interpersonal stress as relatively uncontrollable, and perhaps this situation of hurt feelings was perceived as similar by our subjects. When controllability of outcome is minimal, then distancing and avoidance coping strategies are more likely and may be more effective. As with all the other stories, the externalizing coping strategy was again viewed as the worst, and justifications were largely attributed to the negative social consequences likely to occur.

Insert Figures 9 and 10 here

Abuse status, age group, and gender. In order to examine the effects of these subject variables, all of the interview variables were coded as ordinally ranked, i.e., ranging from "don't know" to most complex. Following significant multivariate analyses of variance, follow-up univariate analyses were undertaken, and in a number of analyses the interaction of abuse and age group was significant. Examination of cell means indicated that on a number of the justification and feeling questions the younger abused children tended to use relatively more simplistic responses than any of the other sub-groups of children. This pattern was distributed across all of the stories, with the last one, hurt feelings, obtaining a significant 3-way interaction including gender as well. In this case it was the younger abused boys who gave the most simple level responses to the justification question for their selection of the worst coping strategy.

The main effect of age group was significant for a number of the interview variables. In all cases the younger children gave simpler, less elaborated responses than the older children, e.g., "she got away from the mean dog," whereas older children were more likely to include relationship negotiations as well, e.g., "she should tell her friend that what she said hurt her feelings, because if it's your friend, you have to understand one another." Gender was significant for only two of the interview questions, both having to do with the worst coping choice in the anger story. Boys gave higher-level responses for justifying their worst coping choice and for how it would lead one to feel afterwards. Girls' sex-role-linked avoidance of anger may contribute to their slightly reduced complexity of reasoning when asked to justify the worst choice for coping with anger toward a friend.

The children's Peabody scores correlated with only one of these ranked variables, an outcome just as likely to have occurred by chance. It was not considered further.

Lastly, I wanted to look at some individual patterns that seemed unusual: Those children who after choosing their best coping choice went on to report a negative emotional reaction as likely or who after choosing the worst coping strategy (invariably the externalizing option) said they would feel better. Only 11 story responses, generated by 5 abused children and 2 public school children (out of a total of 275 protocols, 5 x 55 children) yielded the pattern of feeling badly after the "best" coping choice. These responses were scattered across the different emotions, but the fear story ("Fierce Dog") evoked the most common negative feeling despite selecting the best coping strategy. (Maybe some scary dogs just don't go away.) There were twice as many stories (N=23) for when positive feelings were anticipated after having picked the worst coping option. 13 children generated these responses, only 3 of whom were from CARE. The most common emotion context was shame, followed by anger, and then hurt feelings. Vulnerable feelings of sadness and fear were least likely to be mentioned. The positive feeling was typically "a sense of relief" for having lashed out or enjoying the feeling of vengeance for having behaved aggressively. The small sample size regrettably prevented further meaningful exploration of such patterns.

Conclusion

By the early elementary school grades many children appear to have acquired a cultural script for how to deal adaptively with aversive feelings in social contexts. Beneficial coping strategies such as problem-solving and support-seeking were most often cited as the best coping responses and aggressive externalizing ones as the worst. The children were generally able to anchor these coping choices in appropriate contexts in which gains were cited as rationales for their choice of the best coping options and negative social or non-social consequences for worst coping choices. If this knowledge of the cultural script is so readily accessible, why is it that when caught up in a situation that is emotionally aversive, so many more children choose distancing, internalizing, and externalizing coping responses rather than the more adaptive ones? In other words, if we know what ought to work, what gets in the way of our using it? My hunch is that it lies in the juncture of the nature of the emotion felt and how one experiences one's self-appraisal at that moment. The latter will also include attributions of controllability and responsibility, regardless of their accuracy.

For example, looking just at anger for the moment, I think that angry feelings in combination with perceiving the self as having high control over the potential outcome and as having little responsibility for how the situation arose may be the combination that yields aggressive reactions when angered; one can get away with the display of one's aggression without penalty and it gets what one wants (revenge, power, catharsis, etc.). Whereas anger, low controllability over whether the outcome will be what one wants, and high responsibility may be more likely to result in distancing or internalizing reactions. Lastly, angry feelings, high controllability, and high responsibility may facilitate problem-solving coping strategies relative to a conflict or relationship. These attributions will be systematically studied in future research to tease out what the perceptions of the self are vis a vis one's emotional state.

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FIG. 1

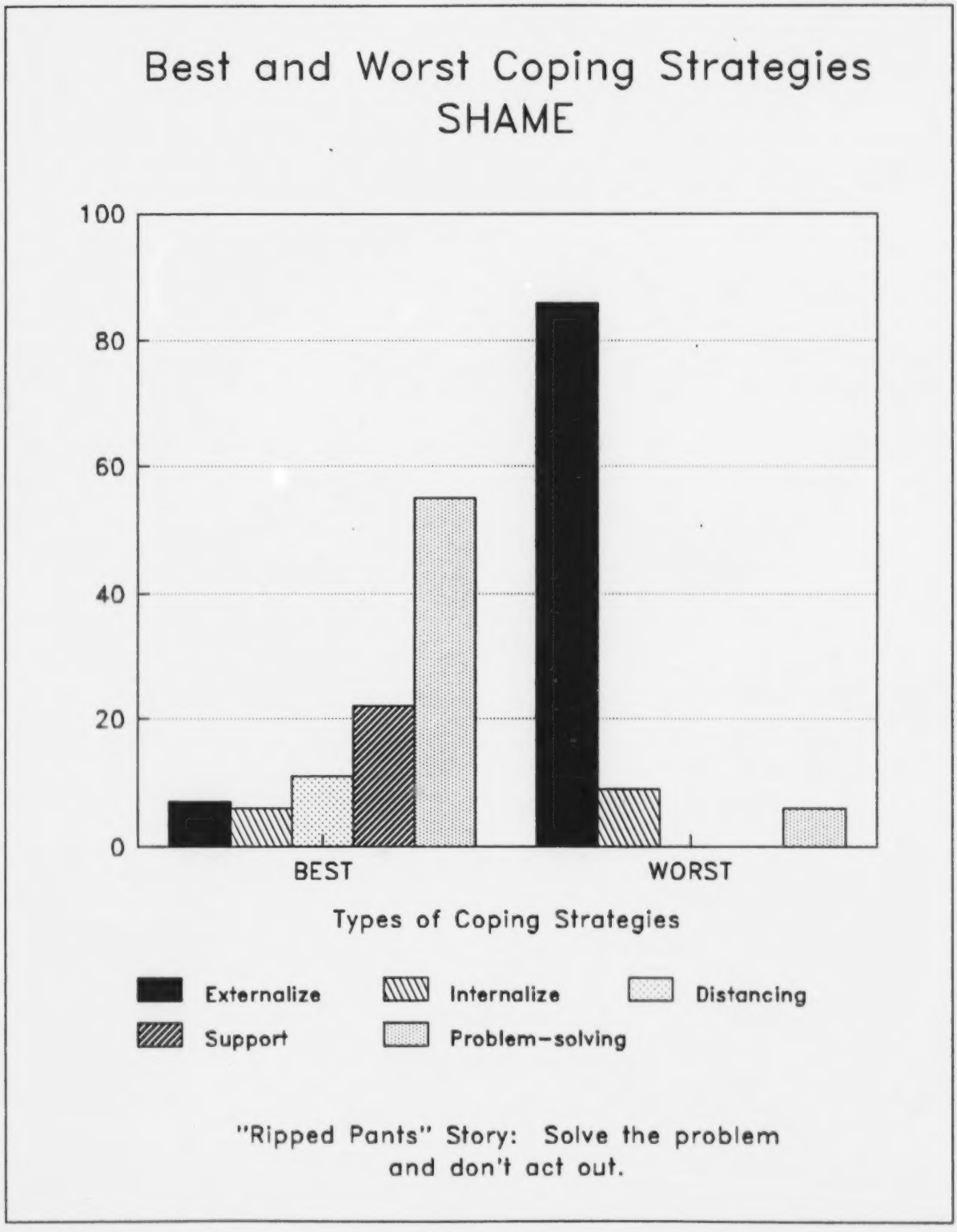
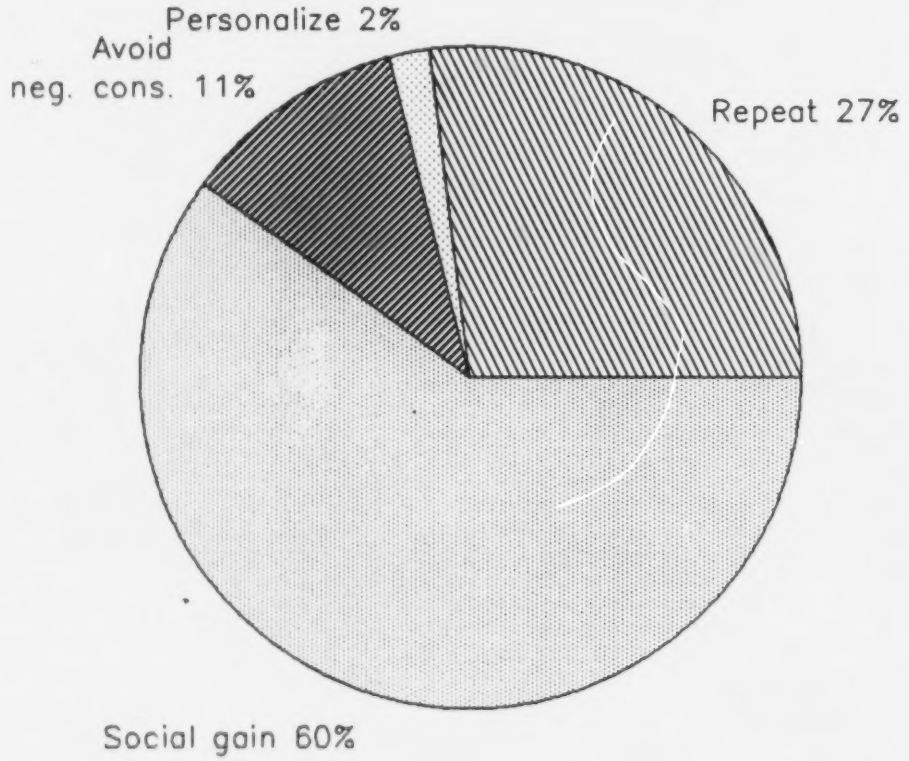

Best and Worst Coping Strategies
SHAME
100
80
60
40
20
0
BEST
WORST
Types of Coping Strategies
Externalize
Internalize
Distancing
Support
Problem-solving
"Ripped Pants" Story: Solve the problem and don't act out.

FIG. 2

How Do Kids Justify Their Choice of "Best" Coping Strategy?



SHAME

76% gave neg. social consequences for worst choice; only 4% repeated concrete coping choice. ($p<.05$)

FIG. 3

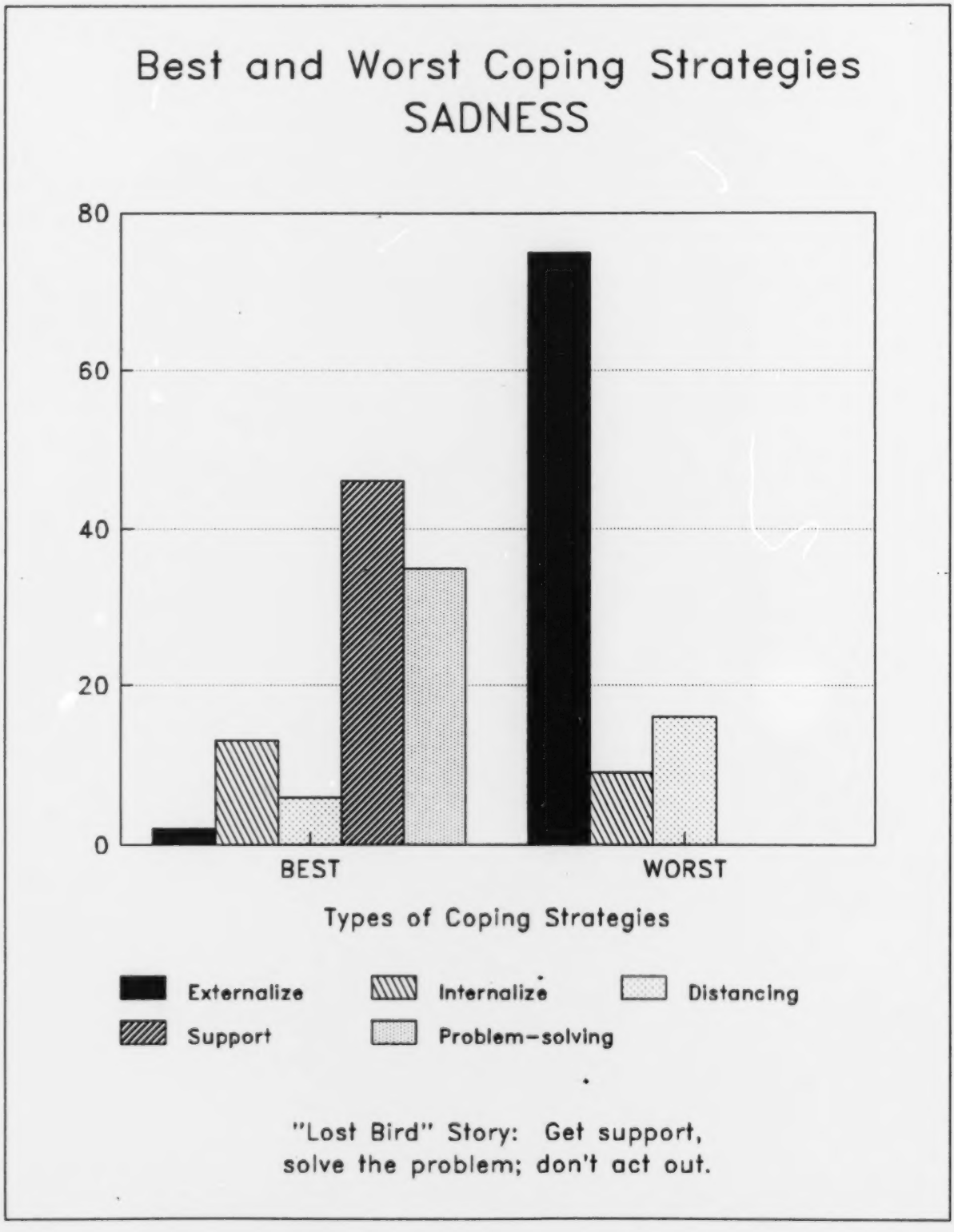
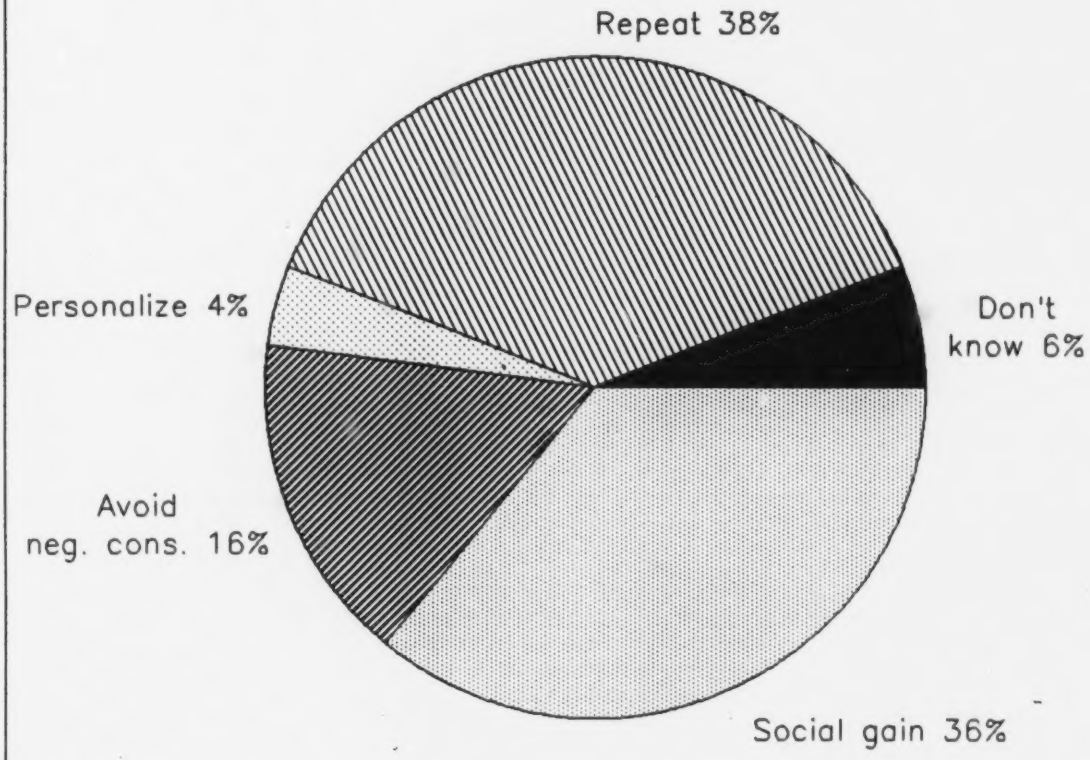

Best and Worst Coping Strategies
SADNESS
80
60
40
20
0
BEST
WORST
Types of Coping Strategies
Externalize
Internalize
Distancing
Support
Problem-solving
"Lost Bird" Story: Get support, solve the problem; don't act out.

FIG. 4

How Do Kids Justify Their Choice of "Best" Coping Strategy?



SADNESS

47% gave neg. social consequences & 40% non-social neg. effects for their worst choice.

FIG. 5

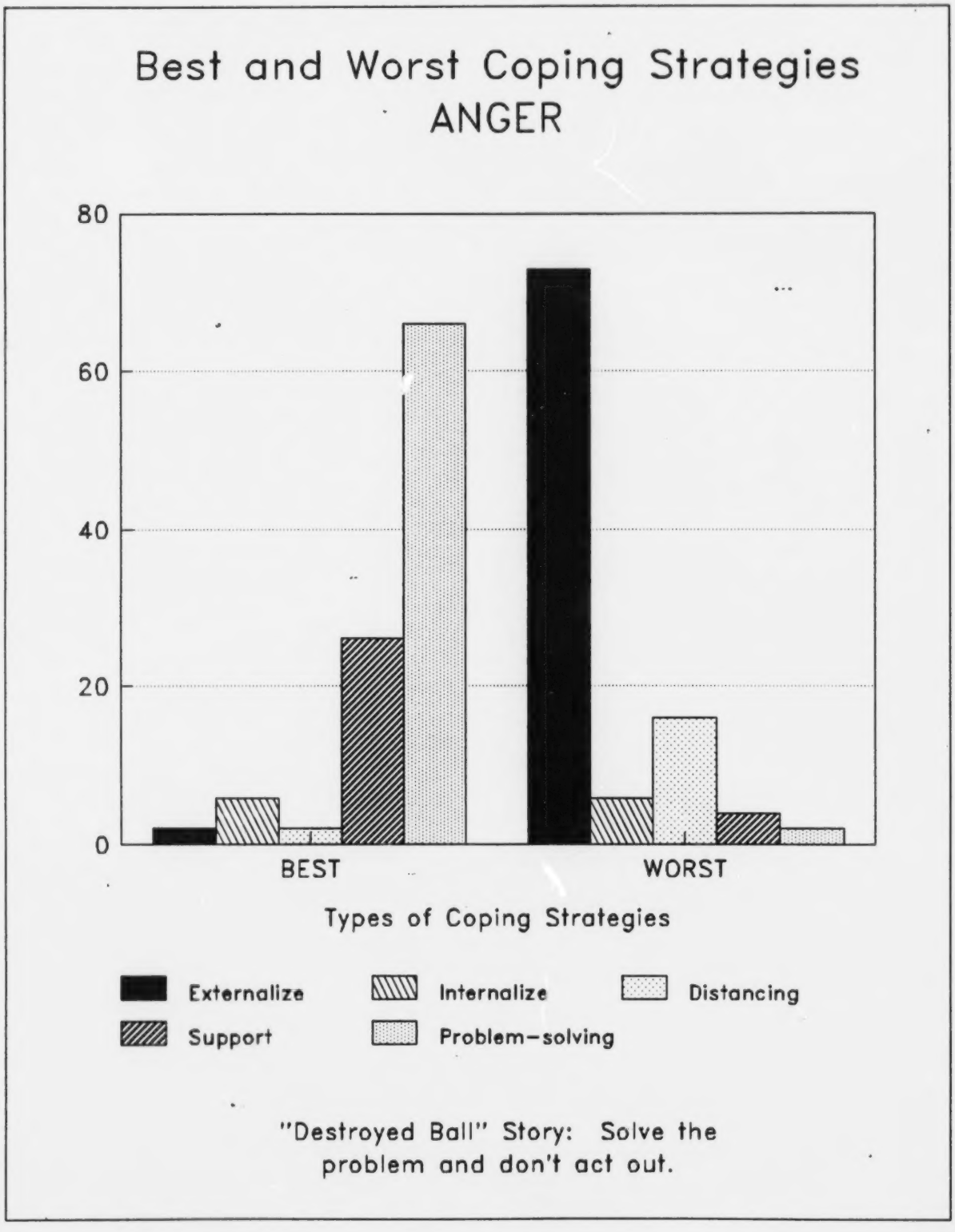
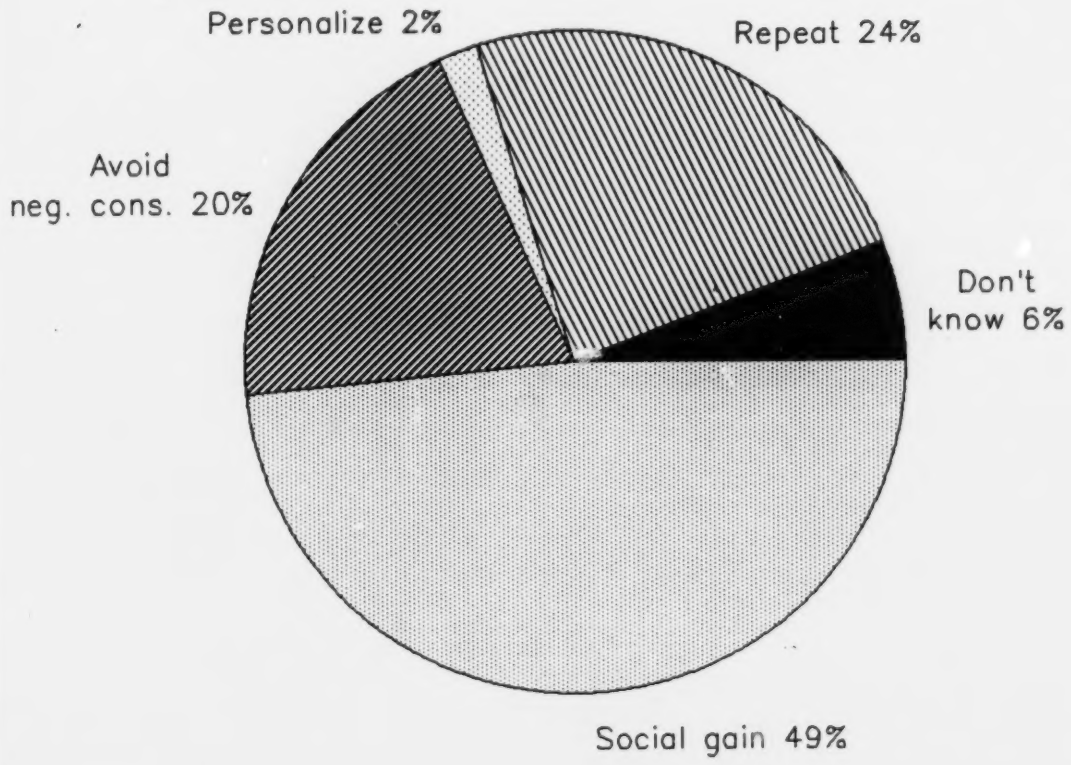

Best and Worst Coping Strategies
ANGER
80
60
40
20
0
BEST
WORST
Types of Coping Strategies
Externalize
Internalize
Distancing
Support
Problem-solving
"Destroyed Ball" Story: Solve the problem and don't act out.

FIG. 6

How Do Kids Justify Their Choice of "Best" Coping Strategy?



ANGER

73% gave neg. social consequences for their worst choice.

FIG. 7

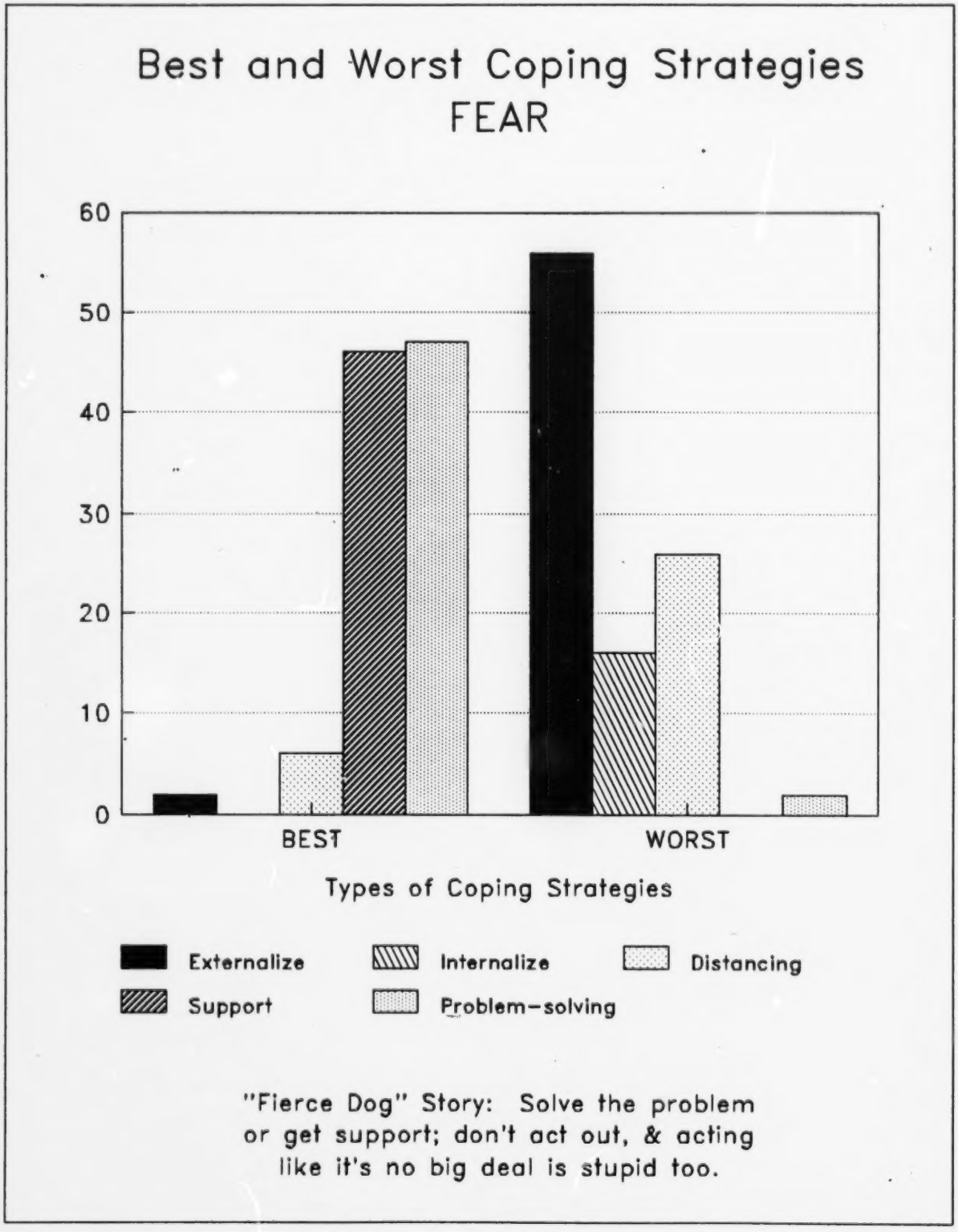
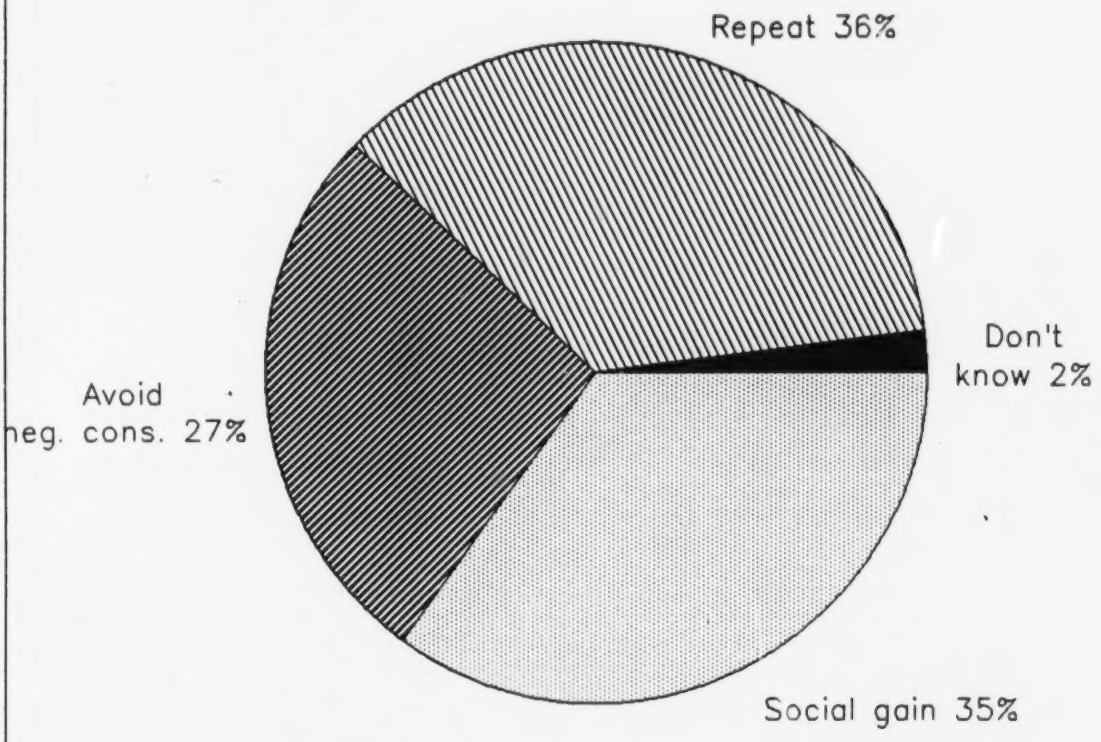

Best and Worst Coping Strategies
FEAR
60
50
40
30
20
10
0
BEST
WORST
Types of Coping Strategies
Externalize
Internalize
Distancing
Support
Problem-solving
"Fierce Dog" Story: Solve the problem or get support; don't act out, & acting like it's no big deal is stupid too.

FIG. 8

How Do Kids Justify Their Choice of "Best" Coping Strategy?



FEAR ($p<.02$)

58% gave neg. social consequences & 24% non-social neg. effects for their worst choice. ($p<.000$)

FIG. 9

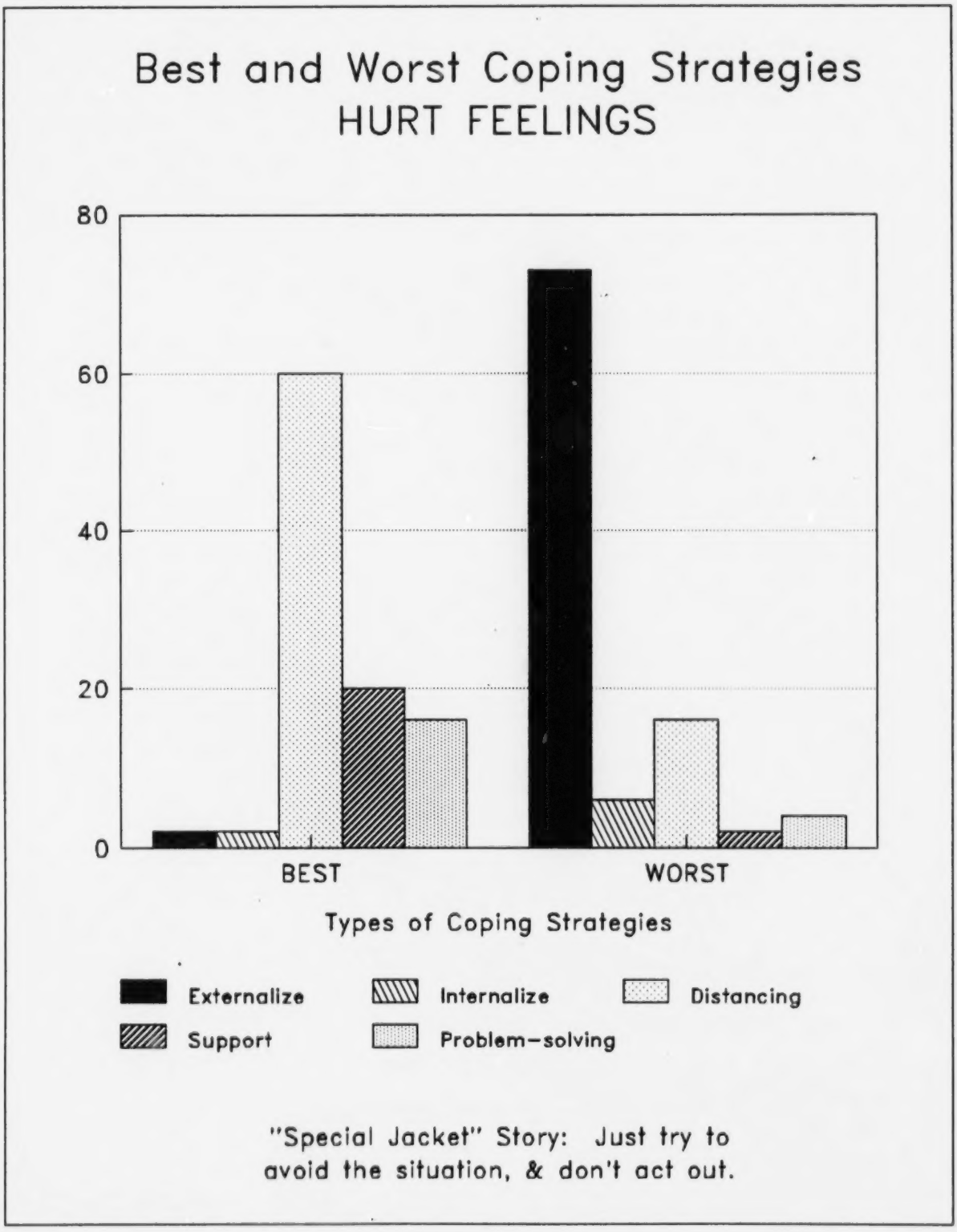
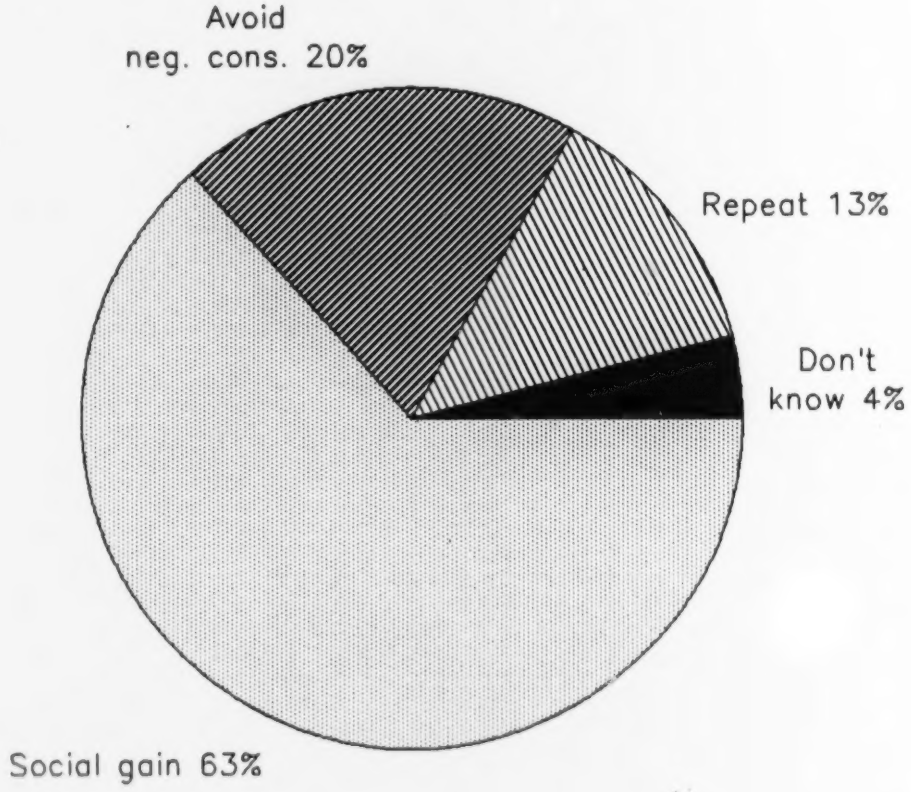

Best and Worst Coping Strategies
HURT FEELINGS
80
60
40
20
0
BEST
WORST
Types of Coping Strategies
Externalize
Internalize
Distancing
Support
Problem-solving
"Special Jacket" Story: Just try to avoid the situation, & don't act out.

FIG. 10

How Do Kids Justify Their Choice of "Best" Coping Strategy?



HURT FEELINGS ($p<.04$)

76% gave neg. social consequences & 18% non-social neg. effects for their worst choice. ($p<.008$)